

H J ~~PLACED~~ MD  
VERIFIEDARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

1855

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

251

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>10 yrs.</u> IN ARIZONA <u>72 yrs.</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>	
	C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>2507 N. Fair Oaks</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>2507 N. Fair Oaks</u>	
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>ANNA</u> B. (MIDDLE) <u>J</u> C. (LAST) <u>PEDERSON</u>		4. SEX <u>Female</u>		5. COLOR OR RACE <u>White</u>	
	6B. NAME OF SPOUSE (deceased)		7. DATE OF BIRTH MONTH <u>4</u> DAY <u>5</u> YEAR <u>1883</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>78</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
OPERATIONS, AUTOPSY	14A. FATHER'S NAME <u>Peter A. Iofgreen</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Sweden</u>		15A. MOTHER'S MAIDEN NAME <u>Elizabeth Neilson</u>	
	16. INFORMANT'S SIGNATURE <u>Inez Clayton</u>		ADDRESS <u>2501 W. Missouri Phoenix, Arizona</u>		17. DATE OF DEATH (MONTH) <u>February</u> (DAY) <u>3</u> (YEAR) <u>1962</u>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Cerebral Vascular Accident</u>  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Arteriosclerosis generalis</u> 10 yrs  DUE TO (C) <u>Chronic Bronchial asthma and emphysema</u>  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.  INTERVAL BETWEEN ONSET AND DEATH <u>0</u> <u>10 yrs</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 28</u> , 19 <u>53</u> TO <u>Feb 3</u> , 19 <u>62</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Feb 3</u> , 19 <u>62</u> , AND THAT DEATH OCCURRED AT <u>3:00 A.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <u>James J. Rowe</u>		(DEGREE OR TITLE) <u>M. D.</u>		22B. ADDRESS <u>4331 20th Avenue Blot.</u>	
	22C. DATE SIGNED <u>2-5-62</u>					
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>2-6-62</u>		25C. NAME OF CEMETERY OR CREMATORY <u>South Lawn Memorial Park</u>	
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>		26A. DATE REC. BY LOCAL REG. <u>2-6-62</u>		26B. REGISTRAR'S SIGNATURE <u>Norris H. Baker</u>	
	26C. REGISTRAR'S SIGNATURE <u>Norris H. Baker</u>		26D. FUNERAL DIRECTOR'S SIGNATURE <u>Bring's Funeral Home</u>		26E. ADDRESS <u>Tucson, Arizona</u>	
26F. EMBALMER'S SIGNATURE <u>Debra Dale B Caskey</u>		26G. EMBALMER'S CERT. NO. <u>4044</u>				